

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

980

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City

Registration District No. 309

File No. 18

Primary Registration District No. 200

Registered No. 18

(No. St. Joseph Hospital St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward. Windsor, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Louella Murray

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1931, to Jan. 5, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1876

I last saw him alive on Jan. 4, 1932 Death is said to have occurred on the date stated above, at 4:30 A.M.

7. AGE YEARS 61 MONTHS 4 DAYS 26 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Myocardial Thrombosis Date of onset

12. BIRTHPLACE (CITY OR TOWN) Versailles (STATE OR COUNTRY) Missouri

Other contributory causes of importance:
99A 79

13. NAME J. B. Murray

Name of operation Exploratory Date of 12-31-31
What test confirmed diagnosis? Apr Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19...

15. MAIDEN NAME Caroline Murple

Where did injury occur? no (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Howard Murray (ADDRESS) Windsor, Mo.

Manner of injury ①

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Jan. 5, 1932

Nature of injury

19. UNDERTAKER Freeman Mortuary (ADDRESS) Kansas City, Mo.

24. Was disease or injury in any way related to occupation of deceased?

20. FILED Jan 10, 1932 M. M. Horvath Registrar

If so, specify

(Signed) Eugene P. Hamilton, M. D.

(Address) 602 Ogden

